



# **WAIVER**

**Must be signed and turned in before you will be allowed to play.**

**Player Name:** \_\_\_\_\_ **Team:** \_\_\_\_\_

I, the undersigned, agree not to hold the Colorado Chaos Basketball Club, Inc. ("Colorado Chaos"), or any of its employees and volunteers, responsible, in whole or in part, for any accident or injury that may occur while participating in the Colorado Chaos program and activities, including, but not limited to, practices, games, or other events sponsored by the Colorado Chaos, and transportation to and from those practices, games, and other events sponsored by the Colorado Chaos. I further agree not to hold the Colorado Chaos, or any of its employees and volunteers, responsible, in whole or in part, for any accident or injury that may occur while participating in the Colorado Chaos program and activities while traveling outside the State of Colorado. I understand that my son is required to have his own medical and accident insurance at all times. I also agree to allow the Colorado Chaos to publish and distribute my son's photographs and contact information as deemed necessary by the Colorado Chaos. In addition, I understand that my son is to abide by the rules, regulations and policies as set by the Colorado Chaos management and coaches and is subject to dismissal without reimbursement or recourse if my son chooses to not abide by these rules, regulations and policies. I also understand that my son will not be allowed to play for the Colorado Chaos without making payments on time and in full.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_